

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51	
2	1						52	
3							53	
4		1					54	
5		2					55	
6		2					56	
7		3					57	
8		2					58	
9		2					59	
10		2					60	
11	1						61	
12	1						62	
13	L1						63	
14	L1						64	
15							65	
16	L1						66	
17	L1						67	
18	L1						68	
19	L1						69	
20	L1						70	
21	L1						71	
22	L1						72	
23	L1						73	
24	L1						74	
25	L1						75	
26	L1						76	
27	L1						77	
28	L1						78	
29	L1						79	
30	L1						80	
31	L1						81	
32	3						82	
33	1						83	
34	1						84	
35	1						85	
36	1						86	
37	2						87	
38	2						88	
39	2						89	
40	2						90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	6						TOTAL IND.	
TOTAL DEP.	34						TOTAL DEP.	
TOTAL CLAIMS	40						TOTAL CLAIMS	